

STATE OF KANSAS
STATE CORPORATION COMMISSION
305 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-135-21,182-0000

LEASE NAME Bower

WELL NUMBER # 1

TYPE OR PRINT
NOTICE: Fill out completely and return
to Cons. Div. office within 30 days.

1650 Ft. from S Line of Section (circle one)

4950 Ft. from E Line of Section (circle one)

OPERATOR Rains & Williamson Oil Co., Inc.

SPOT LOCATION SW NW SW

ADDRESS P.O. Box 1645

SEC. 5 TWP. 17S S. RGE 26 or (W)

CITY, STATE, ZIP Great Bend, Kansas 67530

COUNTY NESS

OPERATOR'S LICENSE NO. 316 793-6656 OPERATORS LICENSE NO. 5146

Date Well Completed 6-9-76

Category of Well OIL WELL
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Plugging Commenced 3-4-98

Date Plugging Completed 3-4-98

Plugging proposal was approved on 10-10-97 (date)

David Williams (KCC District Agent's Name)

ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation(s) _____ Depth to Top _____ Bottom _____ T.D. 4594

depth and thickness of all water, oil and gas formations.

GAS OR WATER RECORDS

CASING RECORD

FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
				8 5/8"	287	None
				4 1/2"	4590	None

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from _____ feet to _____ feet each set.

Mixed 300# hulls w/ first batch cement. Then mixed cement till pressured up to 1000#.

Mixed 270 sx. cement. Shut in 300# - Mixed 100 sx. cement down back side -

pressured to 500# - shut in w/ 200#.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Allied Cementing Co./

RECEIVED
STATE CORPORATION COMMISSION

License No. _____

JUN 26 1998

Address Great Bend, Kansas 67530

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Rains & Williamson Oil Co., Inc.

CONSERVATION DIVISION
Wichita, Kansas

CITY OF Kansas COUNTY OF Sedgwick, ss.

A. D. Belt (Employee of Operator or (Operator) of above-described well, being first

person on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

Signature) [Signature]

Address) Box 1645 Great Bend, Ks. 67530

SUBSCRIBED AND SWORN TO before me this 25TH day of June, 1998

Howard D. Ewert
Notary Public

My Commission Expires: 5-17-99

